# SENATE
## STATE OF MINNESOTA
## NINETY-SECOND SESSION

# S.F. No. 2281

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| DATE | D-PG | OFFICIAL STATUS |
|---|---|---|
| 03/24/2021 | 1154 | Introduction and first reading<br>Referred to Health and Human Services Finance and Policy |

A bill for an act

relating to health; directing the commissioner of human services to enter into a contract with a public-private African-American community-driven partnership to support the integrated care for high-risk pregnant women grant program; appropriating money; amending Minnesota Statutes 2020, section 256B.79.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. Minnesota Statutes 2020, section 256B.79, is amended to read:

**256B.79 INTEGRATED CARE FOR HIGH-RISK PREGNANT WOMEN.**

Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have the meanings given them.

(b) "Adverse outcomes" means chronic and acute stress related to maternal opiate ~~addiction~~ use, other reportable prenatal substance abuse, low birth weight, or preterm birth.

(c) "Partnerships" means the public-private African-American community-driven partnership under contract with the commissioner as provided in subdivision 2, paragraph (b), and any indigenous community-driven partnership that is established.

~~(c)~~ (d) "Qualified integrated perinatal care collaborative" or "collaborative" means a combination of (1) members of community-based organizations that represent communities within the identified targeted populations, and (2) local or tribally based service entities, including health care, public health, social services, mental health, chemical dependency treatment, and community-based providers, determined by the commissioner to meet the criteria for the provision of integrated care and enhanced services for enrollees within targeted populations.

~~(d)~~ (e) "Targeted populations" means pregnant medical assistance enrollees residing in geographic areas identified by the commissioner as being at above-average risk for adverse outcomes.

Subd. 2. **Grant program established; contract with African-American partnership.** (a) The commissioner shall implement a grant program to improve birth outcomes and strengthen early parental resilience for pregnant women who are medical assistance enrollees, are at significantly elevated risk for adverse outcomes of pregnancy, and are in targeted populations. The program must promote the provision of integrated care and enhanced services to these pregnant women, including postpartum coordination to ensure ongoing continuity of care, by qualified integrated perinatal care collaboratives.

(b) The commissioner shall contract with a public-private African-American community-driven partnership to support the grant program by:

(1) collaborating with the commissioner in awarding grants to qualified applicants;

(2) assisting qualified integrated perinatal care collaboratives by providing technical assistance with program development, performing administrative functions, and providing opportunities for professional development and training;

(3) coordinating the work of grantees; and

(4) conducting research by analyzing and reporting grantee outcome data and issuing reports and publications.

Subd. 3. **Grant awards.** The commissioner, in collaboration with the partnerships, shall award grants to qualifying applicants to support interdisciplinary, integrated perinatal care. Grant funds must be distributed through a request for proposals process to a designated lead agency within an entity that has been determined to be a qualified integrated perinatal care collaborative or within an entity in the process of meeting the qualifications to become a qualified integrated perinatal care collaborative, and priority shall be given to qualified integrated perinatal care collaboratives that received grants under this section prior to January 1, 2019. Grant awards must be used to support interdisciplinary, team-based needs assessments, planning, and implementation of integrated care and enhanced services for targeted populations. In determining grant award amounts, the commissioner and the partnerships shall consider the identified health and social risks linked to adverse outcomes and attributed to enrollees within the identified targeted population.

Subd. 4. **Eligibility for grants.** To be eligible for a grant under this section, an entity must meet qualifications established by the commissioner, in collaboration with the

partnerships, to be a qualified integrated perinatal care collaborative. These qualifications must include evidence that the entity has policies, services, and partnerships to support interdisciplinary, integrated care. The policies, services, and partnerships must meet specific criteria and be approved by the commissioner. The commissioner and the partnerships shall review the collaborative's capacity for interdisciplinary, integrated care, to be reviewed at the commissioner's discretion. In determining whether the entity meets the qualifications for a qualified integrated perinatal care collaborative, the commissioner, in collaboration with the partnerships, shall verify and review whether the entity's policies, services, and partnerships:

(1) optimize early identification of drug and alcohol dependency and abuse during pregnancy, effectively coordinate referrals and follow-up of identified patients to evidence-based or evidence-informed treatment, and integrate perinatal care services with behavioral health and substance abuse services;

(2) enhance access to, and effective use of, needed health care or tribal health care services, public health or tribal public health services, social services, mental health services, chemical dependency services, or services provided by community-based providers by bridging cultural gaps within systems of care and by integrating community-based paraprofessionals such as doulas and community health workers as routinely available service components;

(3) encourage patient education about prenatal care, birthing, and postpartum care, and document how patient education is provided. Patient education may include information on nutrition, reproductive life planning, breastfeeding, and parenting;

(4) integrate child welfare case planning with substance abuse treatment planning and monitoring, as appropriate;

(5) effectively systematize screening, collaborative care planning, referrals, and follow up for behavioral and social risks known to be associated with adverse outcomes and known to be prevalent within the targeted populations;

(6) facilitate ongoing continuity of care to include postpartum coordination and referrals for interconception care, continued treatment for substance abuse, identification and referrals for maternal depression and other chronic mental health conditions, continued medication management for chronic diseases, and appropriate referrals to tribal or county-based social services agencies and tribal or county-based public health nursing services; and

(7) implement ongoing quality improvement activities as determined by the commissioner, including collection and use of data from qualified providers on metrics of quality such as

health outcomes and processes of care, and the use of other data that has been collected by the commissioner.

Subd. 5. **Gaps in communication, support, and care.** A collaborative receiving a grant under this section must identify and report gaps in the collaborative's communication, administrative support, and direct care, if any, that must be remedied for the collaborative to continue to effectively provide integrated care and enhanced services to targeted populations.

Subd. 6. **Report.** By January 31, 2021, and every two years thereafter, the commissioner, in collaboration with the partnerships, shall report to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance on the status and outcomes of the grant program. The report must:

(1) describe the capacity of collaboratives receiving grants under this section;

(2) contain aggregate information about enrollees served within targeted populations;

(3) describe the utilization of enhanced prenatal services;

(4) for enrollees identified with maternal substance use disorders, describe the utilization of substance use treatment and dispositions of any child protection cases;

(5) contain data on outcomes within targeted populations and compare these outcomes to outcomes statewide, using standard categories of race and ethnicity; and

(6) include recommendations for continuing the program or sustaining improvements through other means.

Sec. 2. **APPROPRIATION.**

$500,000 in fiscal year 2022 and $500,000 in fiscal year 2023 are appropriated from the general fund to the commissioner of human services to enter into a contract with the African-American Integrated Care for High Risk Pregnancies (ICHRP) initiative to provide support to the integrated care for high-risk pregnant women grant program as provided under Minnesota Statutes, section 256B.79, subdivision 2, paragraph (b).